

STATE OF NEW HAMPSHIRE 2018 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

OCT 3 1 2018

RECEIVED

NEW HAMPSHIRE DEPARTMENT OF STATE

PLEASE PRINT

I. Name of Lobbyist(s):	Name of Lobbyist(s): Paul A. Worsowicz; Erik W. Taylor; Lisa K. Shapiro, Ph.D.; Samantha D. Elliott		
II. Name of Lobbyist's partn	ership, firm or corporation, if any:		
	GALLAGHER, CALLAHAN & 214 North Main Street, Con		
603-228-1181	603-226-3334	worsowicz@gcglaw.com	
(Telephone)	(Fax)	(Email)	
III. This statement covers: (reportable expense transactio	Choose one – file separate reports for ons which are not attributable to any o	each client, OR you may file a separate report for ne client.)	
X All reportable transaction		eporting date relative to the following client.	
	MOTION PICTURE ASSOCIAT		
(Full	Name of Client as it appears on the Lot	obyist Registration Form)	
All reportable transaction unrelated to any particular		st's family), or the lobbying firm listed below which are	
IV. Date of Report: A	pril 25, 2018 🔲	July 25, 2018 □	
•	om date of registration to 3/31/18	activity from 4/1/18 to 6/30/18	
•	ctober 31, 2018 🗵	January 30, 2019 🗆	
	from 7/1/18 to 9/30/18	activity from 10/1/18 to 12/31/18	
V. There have been no fees r If this box is checked, complete Concord, NH 03301.	eceived and no reportable transaction e just this form and submit it to the Secre	s made since the last report. etary of State's Office, State House, Room 204,	
VI. Check if additional repo	orts are attached: es or made expenditures, you must file A	Addendum A – Fees and Expenses	
If you have paid an hor	nt	ust file Addendum B – Report of Honorariums or	
If you, your firm, or yo	our family has made political contribution	ns, you must file Addendum C - Political Contributions	
Sworn Statement/Affirmatio	n by Lobbyist		
I have read RSA 15, RSA 15-I	3 and RSA 664 and hereby swear or affin	m that the foregoing information is true and complete	
to the best of my knowledge an	nd belief.		
(Signature of Lobbyist)	onouy_	/0-/8-/8 (Date)	
Paul A. Worsowicz			
(Print Name of lobbyist)			



STATE OF NEW HAMPSHIRE Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

I. Name of Lobbyist(s)	·	<u> </u>		· · · · · · · · · · · · · · · · · · ·
II. Name of lobbyist's	partnership, firm or corporation, if any:			
	GALLAGHER, CALLAHAN & GARTRI			
	(Name of partnership, firm or corporat	ion)		
III. Name of Client	MOTION PICTURE ASSOCIATION OF AMERICA	Date —	October 3	1, 2018
lobbying, including fees	nt of all fees received from the client identified above for services such as public advocacy, government re- uitoring legislation, and related legal work. The gross	lations, or	public relation	ons services,
a) Total of all fees rece	ived in this reporting period		a) \$	1,925.00
b) Total of all fees rece (This should equal t	ived this calendar year, prior to this reporting period. he total prior monthly reports for this calendar year.)		b) \$ 	18,075.00
c) Total of all fees rece (Add lines a and b)	ived to date.		c) \$ 	20,000.00
d) Indicate the amount yet been paid.	of any such fees that are due, but have not		d) \$.00
fees. Separate reports lobbyist(s)/firm that are are to be reported in o reporting period for sa expenses where the expenses where the expenses of a ceremonistatement of each individual covered by (a) (for exagiven to the subject of legislative reception).	partnerships, firms, or corporations are required to are to be filed for expenditures made relative to each of a unrelated to any one client a separate report may be need three categories of expenses: (a) the aggregularies, benefits, support staff, and office expenses; benditure was of \$25.00 or less (for example: meals less, purchase of a pen with a value of less than \$10 all object given to a person being lobbied with a value idual expenditure made during this reporting period of mple: purchase of a meal with value of greater than \$25 lobbying with a value greater than \$25, but not greater than \$25, but not greater than should not be reported on Addendum A.	client and e filed for gate total (b) the ap purchased that is give e of \$25.6 of greater (525, purch eater than	if expenditure the lobbyist (of all expense ggregate total during a buse of or less); a than \$25.00 foase of a cerer \$50, restaurs	es are made by the s)/firm. Expenses es paid during the lof all individual siness lunch where son being lobbied and (c) an itemized or any purpose no monial object to be ant expenses for a
support staff, and office b) Total aggregate of e	enses for this reporting period for salaries, benefits, e expenses, related directly or indirectly to lobbying. expenditures during this reporting period, not reported	a) b)		425.00
in a), of \$25 or less.		c)	\$.00
c) Total of all itemized	l expenditures reported in detail in section VI.			00_

Lobbyist Fees & Expenses, Addendum A – Page 2 Client: MOTION PICTURE ASSOCIATION OF AMERICA		
d) Total expenses for this reporting period.		
(Add lines a, b and c.)	d) \$	425.00
e) Total of expenses paid this calendar year, prior to this reporting period.		
(This should be the amount on line f of addendum A for last month's report.)	e) \$	17,137.50
f) Total of all expenses year to date.	f) \$	17,562.50
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from lobbyin period, including by whom paid or to whom charged.	g fees during this	reporting
Paid to:	•	ount
	\$	
	<u>\$</u>	
	\$	
	\$	
Sworn Statement/Affirmation by Lobbyist		
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm that	the foregoing in	nformation
is true and complete to the best of my knowledge and belief.		
Box 106/mm	10-18-18	>
(Signature of lobbyist)	$\frac{/O / 8 - 1 }{\text{(Date)}}$	
D. I.A. IV.		
Paul A. Worsowicz (Print Name of Lobbyist)		

State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums

Sworn Statement/Affirmation by Lobbyist Statement of Income and Expenses for:			
Name of Lobbying partnership, firm or corporation: GALLAGHER, CALLAHAN & GARTRELL, P.C.			
Name of Client (leave blank if Statement is for the partnership, firm, or corporation and not related to any particular client): Motion Picture Association of America			
Date of Report (check one):			
April 25, 2018 ☐ July 25, 2018 ☐ October 31, 2018 ☒ January 30, 2019 ☐			
I have read RSA 15, RSA 15-B, RSA 664, the Statement of Income and Expenses described above, and the following Addendums submitted with that Statement (insert the number of Addendum forms being submitted):			
1 Addendum A(s).			
0 Addendum B(s).			
0 Addendum C(s).			
I hereby swear or affirm that the foregoing information on the Statement and each Addendum is true and complete to the best of my knowledge and belief. (Signature of Lobbyist) (Date)			
Erik W. Taylor (Print Name of lobbyist)			

State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums

Sworn Statement/Affirmation by Lobbyist Statement of Income and Expenses for:			
Name of Lobbying p	artnership, firm or corpo	ration: GALLAGHER, CAI	LLAHAN & GARTRELL, P.C.
Name of Client (leav particular client):	e blank if Statement is for Motion Picture Associ	•	rporation and not related to any
Date of Report (chec	k one):		
April 25, 2018 □	July 25, 2018 🗆	October 31, 2018 🔀	January 30, 2019 □
		e Statement of Income and E atement (insert the number of	xpenses described above, and the f Addendum forms being
1 Addendum A(s).		
0 Addendum B(s).		
0 Addendum C(s).		
•	irm that the foregoing in of my knowledge and be		nd each Addendum is true and
AES	2		10 -22 -18 (Date)
(Signature of Lobby	ist)		(Date)
Lisa K. Shapiro, Ph			
(Print Name of lobb	yist)		

State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums

	Affirmation by Lobbyist me and Expenses for:		
Name of Lobbying	partnership, firm or corpo	ration: GALLAGHER, CAL	LLAHAN & GARTRELL, P.C.
Name of Client (leaparticular client):	we blank if Statement is for Motion Picture Associ		rporation and not related to any
Date of Report (ch	eck one):		
April 25, 2018 🗆	July 25, 2018 🗆	October 31, 2018	January 30, 2019 □
		e Statement of Income and Exatement (insert the number of	epenses described above, and the Addendum forms being
1 Addendum A	(s).		
0 Addendum B	(s).		
_0 Addendum C	(s).		
•	ffirm that the foregoing in t of my knowledge and be		nd each Addendum is true and
Sitted			10/18/18
(Signature of Lobb	oyist)		(Date)
Samantha D. Ellic	· · · · · · · · · · · · · · · · · · ·	<u>.</u>	
(Print Name of lo	bbyist)		